



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)		(First)	(Middle)	TELEPHONE
Hirano, Amy C.				536-5688
MAILING ADDRESS (Street)				FAX
84 N. King Street				536-5720
(City)		(State)		(Zip Code)
Honolulu, HI		96817		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
Pacific Management Consultants, Inc.				536-5688
MAILING ADDRESS (Street)				FAX
84 N. King Street				
(City)		(State)		(Zip Code)
Honolulu, HI		96817		

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Guy Carpenter & Company, Inc.			
MAILING ADDRESS (Street)			FAX
One Convention Center 701 Pike Street, Suite 2000			
(City)		(State)	(Zip Code)
Seattle, WA		98101	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)		(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

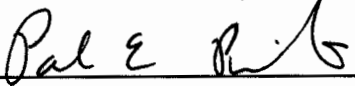
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Paul Picardo			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Guy Carpenter & Company, Inc.		206-223-1200	
MAILING ADDRESS (Street)		FAX	
One Convention Center 701 Pike Street, Suite 2000		206-621-3854	
(City)	(State)	(Zip Code)	
Seattle, WA	98101		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		1/21/05	
(Signature of Authorizing Officer or Person Represented)		(Date)	